



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

FILED
IN CLERKS OFFICE

2006 JUN 19 P 3:05

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR-05-10021-NMG	
DEFENDANT Shih-Ming Shiu (Defendant)		TYPE OF PROCESS PRELIMINARY ORDER OF FORFEITURE AND MONEY JUDGMENT	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Town Assessor, Town of Lexington		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) 1625 Massachusetts Avenue, Lexington, MA 02420		
Send NOTICE OF SERVICE copy to Requester: KRISTINA E. BARCLAY ASSISTANT U.S. ATTORNEY OFFICE OF THE UNITED STATES ATTORNEY John Joseph Moakley Federal Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve a copy of the attached Preliminary Order of Forfeiture upon the above-referenced entity via certified mail, return receipt requested.			
Signature of Attorney or other Originator requesting service on behalf of Kristina E. Barclay, Assistant U.S. Attorney		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100
SIGNATURE OF PERSON ACCEPTING PROCESS:		Date Mar 13, 2006	
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
Date			
I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service <input type="checkbox"/> AM <input type="checkbox"/> PM
		Please see Remarks below	
		Signature, Title and Treasury Agency Stephen P. Leonard, Forfeitures Officer	
REMARKS:		U.S. Customs and Border Protection	
A copy of the Preliminary Order was served as directed above by certified mail number 7001 2510 0003 4299 6447. Copy of Postal receipt attached showing receipt on May 01, 2006.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT ☐ FOR CASE FILE ☐ LEAVE AT PLACE OF SERVICE ☐ FILE COPY

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0003 4299 6447

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark: APR 28 2005
 JOHN F. KENNEDY ST. BOSTON, MA 02111
 USPS

Sent To: Town Assessor, Town of Lexington
 Street, Apt. No., or PO Box No.: 1625 Massachusetts Avenue
 City, State, ZIP+4: Lexington, MA 02420

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Town Assessor
 Town of Lexington
 1625 Massachusetts Avenue
 Lexington, MA 02420

2. Article Number

(Transfer from service label)

7001 2510 0003 4299 6447

PS Form 3811, August 2001

Domestic Return Receipt

2005-3901-900052-01

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Tom Sullivan

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/1/06

D. Is delivery address different from item 1?

- ☐ Yes

If YES, enter delivery address below:

- ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

102595-01-M-0381